



THE LANGUAGE OF DISABILITY

“Language exerts hidden power, like the moon on the tides.”

Rita Mae Brown

“Equality... is the result of human organization. We are not born equal.”

Hannah Arendt

When I was to start teaching English to disabled students, I wondered if I could ask a blind student, “Do you often see your family?” or a deaf person, “Have you heard the news?” I was determined to have regard for the feelings of “the disabled”, even if it meant genteel hedging or avoiding some disturbing issues. After four years’ experience (except for a short episode with a group of blind learners, I have been teaching students with hearing impairment at the Disability Support Service – Biuro ds. Osób Niepełnosprawnych UJ), I can only give a positive answer to this awkward question. People who are blind can see a lot of things, and those who are deaf can hear from others; it is not the little words that they mind but people’s attitudes, which, whether consciously and intentionally or, more often, unconsciously and inadvertently, create limitations and barriers. It is the lack of respect concealed in the language we use that is harmful, bracketing people irrespective of their individual identity. How would we feel about epithets like “the grey-haired,” “the divorced,” “the overweight,” “the infertile,” “the short” or “the thin” being placed in front of our names as if to specify what we are, for example: *The divorced Prof. Smith has contributed to the latest issue of...*? Classifying people as group members very often draws attention away from the main message, resulting in little more than a stereotype. When impairment becomes part of the definition, we may lose sight of the person and be left with only another oversimplified image.

In the first decades of the 21st century we do not need to be told what political correctness is (although *we* refers mainly to activists, some academics, and generally those who want their language to reflect ongoing social processes). We have probably recognized all racial, ethnic, religious and sexual varieties and, consequently, learned to refer to each of them appropriately. Not only do we believe “all men are equal,” but we also readily adjust our language to make it reflect our rising tolerance, openness and alertness. Those whose level of tolerance has not risen will not admit so unless they are denounced. Undoubtedly, correctness prevails.

Thus we have come a long way from *nigger* through *negro*, *black* to *African-American* and learned to use *Native Americans* (objected to by some Indians who prefer to be called simply *Indians*); GLBT¹ (often substituted by the old and handy *queer*); *Ms* or *gay* instead of the patronizing *Miss* or offensive *faggot* (sometimes used by gays themselves); and *dyke* instead of the activist *lesbian*. Indeed, language is changing under the prescriptive pressure of various interest groups whenever they notice that a politically correct word of yesterday has become an offensive label today. We often find it hard to keep up with all the changes, but even if we happen to stay a little behind, we always aim at observing, respecting and recognizing. The direction of change tends to be the same: from reactionary to progressive, from prejudice to tolerance and from rejection to acceptance.

If the need to use respectful language in the case of ethnic and sexual minorities is now taken for granted, can the same be said for disabled people, to whom at least as much respect should be accorded? We must do our best to avoid stigmatizing the disabled and take account of their special needs in order to accept their disability and help them change to fit in with society... **Well, not quite.** We should rather **avoid stigmatizing** people with disabilities, be very **careful with the word “special”**, help **diminish their disability** as much as possible and make every effort to create a society in which they are offered **equal opportunities**. The difference between the two previous sentences reflects the difference between two mindsets in perceiving disabilities – the **medical** and the **social** model. It is important to know that the following model presents just one of social-contextual approaches to disability and that the binary distinction medical vs. social is the basic premise of disability studies in the United Kingdom (Shakespeare, 2006).

Two models

The more traditional, **medical model** provides the foundation for the charitable view, in which the healthy should relieve the poor, afflicted and ill, supply them

¹GLBT – Gay, Lesbian, Bisexual, Transgendered; a shorter version of GLBTQ2IA – the acronym for Gay, Lesbian, Bi, Transgendered, Queer, Questioning, Intersex, Allies.

with necessary means and let them live in the privacy of their homes, or special homes, if necessary. After years of being totally neglected or grateful for any form of help or interest, some of these “afflicted,” who nowadays expect inclusion rather than do-goodery, have reacted with the angry campaign “Piss on Pity,” giving a clear response to the patronizing philanthropy and the established disempowerment they have been served. In the medical model, people with different disabilities are the object of treatment and care, and if they cannot be successfully cured (which they usually cannot), and still suffer from their affliction, they remain looked upon as patients incapable of leading independent lives, while their disability remains their most conspicuous defining attribute. This approach is related to ableism, an attitude discriminating against people with disabilities as those who should overcome their health problems and try to adjust to the “normal” and “healthy” majority (Reel, Bucciare, 2010).

The opposite theory, called the **social model**, redefines disability and shifts the focus from the physical condition (impairment) to the social parameters limiting the independence of people who are disadvantaged, thus leading to their disablement. Limitation in one or more of the body functions must not be the reason for depriving a person of any of the human rights granted to all members of society. It is the discriminatory character of the environment that is responsible for disability: segregation in education, inaccessible public places and means of transport, limited employment opportunities, isolation, exclusion, indifference and prejudice, all these social factors disempower people with disabilities. Being disabled is neutral and should not be stigmatized; thus, merely removing barriers and changing the interaction between an individual and their social and physical environment may result in their normal functioning in society.

Legal solutions

The issue of disability is defined, described and regulated by numerous documents at both national and international levels. One such document is the UN Convention on Rights of Disabled People (not yet ratified by Poland), which deals with such matters as:

- the right to not be discriminated against
- the right to education
- the right to employment
- the right to health
- the right to equal justice
- the right to participate in culture

Another document, although on a national scale, is The Equality Act, which came into force in the UK in 2010, and generally defines a disabled person as “someone who has a mental or physical impairment that has a substantial and

long-term adverse effect on the person's ability to carry out normal day-to-day activities". Some of the Act's provisions are concerned with:

- introducing a new concept of "discrimination arising from disability," to replace protection under previous legislation lost as a result of a legal judgment.
- harmonising the thresholds for the duty to make reasonable adjustments for disabled people.
- making it more difficult for disabled people to be unfairly screened out when applying for jobs, by restricting the circumstances in which employers can ask job applicants questions about disability or health.

Legislation alone, however, is not sufficient to ensure change. It is impossible to entirely alter attitudes without changing nomenclature. The language we use creates a certain picture, and repeating the same terms reinforces the image, ascribing roles to people which they then find very hard to abandon. The effect of language on attitude (and vice versa) is vividly shown in this intense, deeply felt poem by Elaine Popovich.

YOU AND I

by Elaine Popovich

I am a resident. You reside.

I am admitted. You move in.

I am aggressive. You are assertive.

I have behavior problems. You are rude.

I am noncompliant. You don't like being told what to do.

When I ask you out for dinner, it is an outing. When you ask someone out, it is a date.

I made mistakes during my check-writing program. Some day I might get a bank account. You forgot to record some withdrawals from your account. The bank called to remind you.

I wanted to talk with the nice-looking person behind us at the grocery store. I was told that it is inappropriate to talk to strangers. You met your spouse in the produce department. Neither of you could find the bean sprouts.

I celebrated my birthday yesterday with five other residents and two staff members. I hope my family sends a card. Your family threw you a surprise party. Your brother couldn't make it from out of state. It sounded wonderful!

My case manager sends a report every month to my guardian. It says everything I did wrong and some things I did right. You are still mad at your sister for calling your Mom after you got that speeding ticket.

I am learning household skills. You hate housework.

I am learning leisure skills. Your shirt says you are a "Couch Potato."

After I do my budget program tonight, I might get to go to McDonald's if I have enough money. You were glad that the new French restaurant took your charge card.

My case manager, psychologist, R.N., occupational and physical therapist, nutritionist and house staff set goals for me for the next year. You haven't decided what you want out of life.

Someday I will be discharged ... maybe. You will move onward and upward.

Provided by Elaine Popovich and the Reece Community Living Endeavor

www.reeceendeavor.org

Language guidelines

Seeing a person from the angle of disability is as distortive and misleading as it is depersonalizing. There are several **language suggestions** which aim at treating people with disabilities with due respect to be found; for example, on the website of Office for Disability Issues (odi.dwp.gov.uk, 2011).

1. Avoid medical labels, which say little about people as individuals and tend to reinforce stereotypes of disabled people as 'patients' or unwell.
2. Don't refer solely to 'disabled people' in all government communications – many people who need disability benefits and services do not identify with this term. 'People with health conditions or impairments' is another common descriptor.
3. Avoid phrases like 'suffers from' which evoke discomfort or pity and suggest constant pain and a sense of hopelessness.
4. Wheelchair users may not view themselves as 'confined to' a wheelchair. Try thinking of it as a mobility aid instead.
5. Most disabled people are comfortable with the words used to describe daily living. People who use wheelchairs 'go for walks.' People with visual impairments may be very pleased – or not – 'to see you.' An impairment may just mean that some things are done in a different way. It is acceptable to use everyday language, for example, 'see you later,' or 'another pair of hands.'
6. Common phrases that may associate impairments with negative things should be avoided, for example 'deaf to our pleas' or 'blind drunk'
7. Avoid passive, victim words. Use language that respects disabled people as active individuals with control over their own lives.

8. Use a normal tone of voice, do not patronise or talk down. Similarly, do not hug or pat somebody just because he/she is disabled.
 9. Do not define a disabled person by their impairment. It causes offence to be given a medical label.
 10. Don't be too precious or too politically correct – being super-sensitive to the right and wrong language and depictions will stop you doing anything.
 11. Take care to ensure that language used does not reinforce a negative stereotype.
 12. Avoid labels that say nothing about the person and reinforce the impression that the disabled person is sick or dependent.
 13. Avoid references that dehumanise, use instead a 'person with...' Never say 'a victim of' or 'suffers from.' Avoid collective nouns, such as 'the disabled.' One exception is that many deaf people whose first language is British Sign Language (BSL) consider themselves part of 'the deaf community.' They may describe themselves as 'Deaf,' with a capital D, to emphasise their deaf identity.
 14. Never attempt to speak or finish a sentence for the person you are talking to.
 15. Address disabled people in the same way as you talk to everyone else.
 16. Communicate directly to a disabled person, even if accompanied by an interpreter or companion.
 17. Ensure the disabled person has a role equal to that of everyone else.
 18. People with disabilities are a large and diverse group, who do not always agree on what terminology is best. When in doubt, simply ask the person what he/she accepts.
 19. Be ready to find the same words and phrases among those acceptable and unacceptable at the same time, depending on its author, source or the date of issue. Don't get discouraged, even if slightly confused; if you are willing to be respectful, small blunders will be excused.
 20. Euphemisms 'nice' terms such as intellectually challenged, differently abled, physically challenged are a denial of reality.
 21. When meeting a person with a disability, resist the temptation to tell stories about previous experiences with disabilities or related conditions.
- (Office for Disability Issues)

Coming to terms

There is some disagreement about the terms recently accepted as within the group of disabled people themselves there are various preferences, and what is overtly offensive to some goes down well with others. The table below contains terms from different sources, which sometimes placed the same term on different sides, thus the content should be treated as recommendation rather than prescriptive.

Negative terminology	Language consistent with the Social Model of Disability
<ul style="list-style-type: none"> the handicapped, the disabled 	<ul style="list-style-type: none"> disabled people, people with disabilities, a person with a disability
<ul style="list-style-type: none"> handicap 	<ul style="list-style-type: none"> disability, impairment
<ul style="list-style-type: none"> afflicted by, suffers from, a victim of, wronged by fate, disadvantaged 	<ul style="list-style-type: none"> has (the name of the condition), has an impairment
<ul style="list-style-type: none"> cripple, invalid, defective, abnormal, sub-normal, sufferer 	<ul style="list-style-type: none"> a person with a disability
<ul style="list-style-type: none"> able-bodied (accessible environment and adaptive equipment allow many individuals with disabilities to be able-bodied), normal, healthy 	<ul style="list-style-type: none"> people without disabilities, people who are not disabled, non-disabled, descriptive terms as: sighted, hearing, ambulant
<ul style="list-style-type: none"> special needs 	<ul style="list-style-type: none"> specific requirements
<ul style="list-style-type: none"> severely disabled 	<ul style="list-style-type: none"> requires substantial or significant personal assistance
<ul style="list-style-type: none"> confined/restricted to a wheelchair, wheelchair-bound, chained to a wheelchair 	<ul style="list-style-type: none"> wheelchair user, a person using a wheelchair
<ul style="list-style-type: none"> an invalid wheelchair 	<ul style="list-style-type: none"> wheelchair
<ul style="list-style-type: none"> for wheelchairs 	<ul style="list-style-type: none"> for wheelchair users
<ul style="list-style-type: none"> disabled services, handicapped parking, disabled parking, disability toilets 	<ul style="list-style-type: none"> services for people who are disabled, parking places designated for people with disabilities, parking for disabled drivers, accessible parking, accessible toilets
<ul style="list-style-type: none"> integration, integrate 	<ul style="list-style-type: none"> inclusion, include
<ul style="list-style-type: none"> the deaf, deaf and dumb, suffers a hearing loss 	<ul style="list-style-type: none"> deaf/Deaf (spelt with capital "D" is accepted to denote social and cultural identification), user of British/American sign language, hard of hearing people, hearing impaired, a person with hearing impairment, a person who is deaf
<ul style="list-style-type: none"> dumb, mute, tongue tied 	<ul style="list-style-type: none"> a person who has a speech disorder, a person who chooses not to speak, a person who uses synthesized speech
<ul style="list-style-type: none"> the blind 	<ul style="list-style-type: none"> sight impaired, vision impaired, low vision, people with visual impairments, blind people, blind and partially sighted people
<ul style="list-style-type: none"> spastic, spazz 	<ul style="list-style-type: none"> a person with cerebral palsy, a person with mobility disability

• an epileptic/diabetic/depressive/paraplegic	• a person with epilepsy/diabetes/depression/paraplegia
• a dwarf, a midget	• someone with restricted growth or short/small stature
• stricken/afflicted/suffers from/victimized by muscular dystrophy	• a person who has muscle dystrophy
• crippled, lame, deformed, the walking wounded	• a person with a physical disability, a person who has functional limitations
• mentally handicapped, mentally defective, retarded, subnormal, a retard, backward, a slow learner	• a person with a learning disability, intellectually challenged (sometimes disapproved of as “overly” politically correct), a person with cognitive impairment, mental retardation, developmental disability
• mental patient, insane, mad, maniac, lunatic, psycho, psychopath, freak, crazy, nuts	• a person with a mental condition, a person with mental health difficulties, a person with psychiatric disability
• schizophrenic, schizo, schizoid	• a person who has schizophrenia
• autistic	• a person who has autism
• antisocial, out of control behaviour	• has Asperger syndrome
• Downs, Mongoloid, Mongol, Mong	• a person with Down syndrome
• spells, fits, attacks	• seizures, a person with seizure disorder
• a dyslexic	• a person with dyslexia
• yuppie flu, malingering, hypochondritis	• a person who has chronic fatigue syndrome
• care, in care	• has personal assistance/personal support
• a child/person of special care	• a disabled child/person
• carer (should be reserved for family and friends of a person with a disability who provide unpaid support)	• assistant, attendant, care worker
• has overcome his/her disability, brave, is courageous (when it implies the person has courage because of having a disability), in spite of disability	• a person who is successful, productive
• birth defect, deformity	• congenital disability

As can be inferred from the examples above, being economical in using language concerning disabilities is usually a demerit. In this sphere, being concise

may be neither well-mannered nor instructive, and can, more often than not, add to the feeling of oppressiveness.

However, some of the politically correct terms may raise doubts, as in the example of the word *regular* used to describe services, which is rejected on the grounds that the opposite word *irregular* may be unfair to people with disabilities. What is recommended instead is the word *typical*, but there is still doubt as to whether its opposite, *untypical*, is completely void of prejudice and assessment.

On the subject of doubts, there are several other controversies even among advocates of political correctness and a generally respectful attitude towards people with disabilities. Some of the issues which provoke debate are:

- jokes about disabilities
- politically incorrect terms used by disabled people themselves (Liz Carr, a comedienne with a disability who hosts a show on the BBC *Ouch!* website)
- how or whether people with disabilities should be portrayed in commercials (e.g., humorous commercials by The Norwegian Association of the Blind and Partially Sighted which promote the employment of blind people)
- employers who supposedly support the employment of disabled people yet at the same time claim that the PC language of disability is off-putting and “a barrier to employing more disabled people”
- a different rate of prejudice against various impairments (lower for those with physical or sensory impairments, higher for those with learning disabilities or mental health conditions)
- prejudice against people with disabilities shown in the language other disabled people
- the question if there is a distinctive culture of disabled people or the generally acknowledged Deaf Culture is the only exception

There many questions which cannot be easily answered, nor would I wish to suggest precipitate solutions. My experience, however, has removed any doubts I may have had about the necessity to undertake all possible measures to integrate people with disabilities, and students with disabilities in particular, in as many spheres of life as possible. Language is, of course, a significant tool, but at the same time a double-edged sword, and it is entirely up to us how we use it.

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